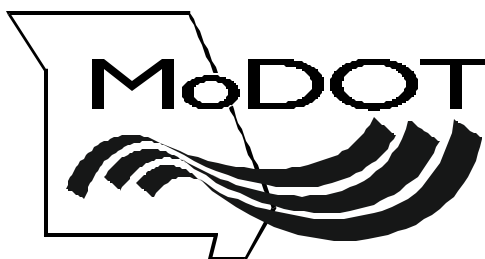


Missouri
Department
of Transportation



Henry Hungerbeeler, Director

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(573) 751-2551
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www.modot.state.mo.us

DISADVANTAGED BUSINESS ENTERPRISE APPLICATION

GENERAL INFORMATION

| | | | | | | |
|--|-----------|-------------|--|---------------|------------|-----------------|
| Name Of Firm: | | | | | | |
| Owner (s): | | | | | | |
| Street Address: | | | | | | |
| Mailing Address: | | | | | | |
| City: | | | State: | | Zip Code: | |
| E-Mail Address: | | | Federal Tax Identification Number: | | | |
| Fax Number | | | Telephone Number: | | | |
| Person Preparing This Application: | | | Title: | | | |
| Sole Proprietorship | | Partnership | | Corporation | | Other |
| Date business established: | | | Date current owner purchased majority ownership: | | | |
| List any other business names previously used: | | | | | | |
| Describe The Primary Business Activity Of The Firm: | | | | | | |
| Indicate the areas of the state you are willing to work: | | | | | | |
| Central | Northeast | Northwest | Southeast | Southwest | St. Louis | Kansas City |
| | | | | | | |
| Identify number of personnel employed by the firm: | | | | | | |
| Administrative | Sales | Management | Construction | Manufacturing | Consulting | Other (Specify) |
| | | | | | | |
| Is the firm an SBA 8(a) or SDB certified business? | | | | | YES | NO |
| Is the firm registered with the Missouri Secretary of State? | | | | | YES | NO |
| Date: | | | | | | |
| Has this firm, or any owners, directors, officers, or management personnel ever been denied certification/ decertified as a DBE, MBE, or WBE by any agency? | | | | | YES | NO |
| Does this firm have any DBE applications pending with any other agencies? | | | | | YES | NO |
| If you answered "YES" to any of the above questions, provide a copy of the current certification, denial, decertification letter(s) or list agencies with which you have applications pending. | | | | | | |

FINANCIAL INFORMATION

| | | | |
|---|--|----------------------|-----------|
| Provide the following banking information: | | | |
| Name of Institution: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Officer/Contact Person | | Telephone Number: | |
| If the firm has established bonding capacity, identify the following: | | | |
| Agent: | | Telephone Number: | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Surety Company: | | Bonding Capacity: \$ | |
| Specify gross receipts of the firm for the past three years: | | | |
| Year | | | |
| Amount | | | |

CAPITAL CONTRIBUTION

| List <i>all</i> individuals with <i>any</i> ownership interest and source of investment capital for each using the codes below: | | | | | |
|---|-------------|----------|--------------|--------------------|--|
| Names | Ethnic Code | Sex | Capital Code | Amount | Identify Sources (See notes above) |
| <i>Example: John Doe</i> | <i>B</i> | <i>M</i> | <i>C</i> | <i>\$25,000.00</i> | <i>Sale of rental property to Tom Grey</i> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Code | Source | Code | Source |
|----------|--|----------|---|
| A | Personal Savings (<i>Identify names on the account below</i>) | E | Gift/Personal Loan (<i>Identify all owners</i>) |
| B | Joint Savings (<i>Identify joint account holders below</i>) | F | Real Estate (<i>Identify all owners</i>) |
| C | Proceeds from sale of real estate or personal property | G | Equipment (<i>Identify all owners</i>) |
| D | Jointly owned property used to collateralize loans (<i>Identify all owners</i>) | H | Other (<i>Specify</i>) |

| Code | Ethnicity | Code | Ethnicity |
|-----------|-------------------|-----------|------------------------|
| AA | African American | AP | Asian-Pacific American |
| HA | Hispanic American | AI | Asian-Indian American |
| NA | Native American | NM | Non-Minority |

LICENSES

| List current licenses/permits held by firm or principals (e.g. Professional Engineer, Architect, CDL, etc.) | | | | | |
|---|----------------|-----------------|-----------|-------------|-----|
| Type of License | License Number | Expiration Date | Issued To | Ethnic Code | Sex |
| | | | | | |
| | | | | | |
| | | | | | |

PERSONNEL/MANAGEMENT

| Indicate management personnel who control the firm in the following areas. You must attach work experience resumes, including dates of employment, for each person. | | | | |
|---|-------|--------------|-------------|-----|
| Management Area | Name | Title | Ethnic Code | Sex |
| Financial Decisions (Check signing, loans, bonding, acquisition of lines of credit, etc.) | | | | |
| Estimating (Cost estimates, bid preparation, negotiations or scheduling) | | | | |
| Hiring/Firing Management Personnel | | | | |
| Estimating (Cost estimates, scheduling, bid preparation, negotiations) | | | | |
| Hiring and Firing of Personnel | | | | |
| Field superintendents/project managers | | | | |
| Contract signature authority (Contract execution, bid submission) | | | | |
| Office Management | | | | |
| Marketing/Sales/ Locating prospective projects | | | | |
| Purchase of major equipment | | | | |
| List all persons set out above who perform a management or supervisory function for any other business. | | | | |
| Name | Title | Name of Firm | Function | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| List all persons set out above who own or work for other firms, who have a business relationship with yours? (Relationships include: ownership interest, shared office space, financial investments, equipment leases or personnel) | | | | |
| Name | Title | Name of Firm | Function | |
| | | | | |
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|--|------|---------|-----------|
| If applicable, identify individuals or firms who provide the following contracted services to your firm: | | | |
| Service (s) | Name | Address | Telephone |
| External Management | | | |
| Technical Services | | | |
| Computer Services | | | |
| Accountant | | | |
| Attorney | | | |

OPERATIONAL BACKGROUND

| | | | | |
|---|-------|-----------------|-----------------------|------------------------|
| List subcontractors or material suppliers you have worked with in past three years: | | | | |
| Name | | Address | | Telephone |
| | | | | |
| | | | | |
| | | | | |
| List ten largest contracts completed in past three years. | | | | |
| Owner/Contractor | Phone | Contract Amount | Project Name/Location | Type of Work Performed |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

FACILITIES

| | | | | |
|---|-------------------|---------------|-------------|------|
| Describe all facilities owned or leased, including warehouse, office and storage space. You <i>must</i> attach copies of all lease agreements. | | | | |
| Facility Owner(s) | Facility Location | Type of Space | Square Feet | Cost |
| | | | | |
| | | | | |
| | | | | |

EQUIPMENT

List all equipment with value greater than \$1,000.00. You **must** attach copies of current lease agreements or proof of payment.

| Type of Equipment | Make | Model | Year | Date Acquired | Present Value |
|-------------------|------|-------|------|---------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

TYPE OF WORK PERFORMED

| | | | | | |
|---|-------------------------|-----------------------------------|-------------------------------|--------------------|--|
| Indicate only the work your firm is <u>currently</u> capable of performing in accordance with contract specifications. | | | | | |
| General Contractor | | Trucking | | Underground | |
| Residential | Highway and Streets | Local Trucking w/o Storage | Sanitary Sewers | | |
| Commercial | Bridges | Local Trucking with Storage | Storm Sewer | | |
| Industrial | Water, Sewer, Pipelines | Trucking, Except Local | Utilities | | |
| Special Trades | Pavement Repair | Traffic | Consulting/Engineering | | |
| Plumbing, Heating, A/C | Pavement Removal | Signing | Professional Engineering | | |
| Painting | Joint Sawing, Sealing | Traffic Signals/Lighting | Architectural | | |
| Electrical | Pavement Marking | Trenching | Surveying | | |
| Masonry | Pavement Patching | Guard Rail, Fence | Management Consulting | | |
| Plastering, Drywall | Milling | Traffic Control Devices | Environmental | | |
| Structural Steel Erection | Earthwork | Paving (Mainline) | Concrete Flatwork | | |
| Excavation work | Excavation, Embankment | Bituminous | Curb/Gutter | | |
| Wrecking & Demolition | Roadway Grading | Concrete | Inlets, Manholes, Basins | | |
| Carpentry | Blasting/Drilling | Gravel/Stone Placement | Approaches/Intersections | | |
| Concrete Work | Clearing, Grubbing | Aggregate Production Only | Driveways, Sidewalks | | |
| Reinforcing Steel Placement | Erosion Control | Other (Please be Specific) | | | |
| Landscaping | Seeding, Mulch, & Sod | | | | |

TO BE COMPLETED BY SUPPLIERS ONLY

| | | | | |
|---|--------------------|-----------------------------------|----------------|-----------------|
| Type of business operation: | Dealer | Manufacturer | Wholesaler | Other (Specify) |
| Indicate material which your company <u>currently</u> markets: | | | | |
| Asphalt | Concrete | Fence | Gravel | Guard Posts |
| Landscape Plants | Petroleum Products | Sand | Signs | Steel |
| Electrical | Traffic Signals | Wood Products | Paper Products | Auto. Equipment |
| Laboratory Services | Building Supplies | Other (Please be Specific) | | |
| Does your business take ownership title to the goods supplied to customers? | | | | YES NO |
| Does the business stock the goods it supplies to customers on property owned or leased by the firm? | | | | YES NO |

Note: Attach additional sheets if necessary

CORPORATIONS ONLY

List all Stockholders:

| Name | Percent Owned | Date Acquired | Sex | Ethnic Code |
|------|---------------|---------------|-----|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Identify the current Board of Directors. You **must** attach resumes of each member.

| Name | Title | Other Business Affiliations | Sex | Ethnic Code |
|------|-------|-----------------------------|-----|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Identify the current officers. You **must** attach resumes of each officer.

| Name | Title | Other Business Affiliations | Sex | Ethnic Code |
|------|-------|-----------------------------|-----|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Detail ***any*** restrictions or limitations on the voting rights of the Disadvantaged shareholder (s) within the Bylaws, Articles of Incorporation or any other documents.***Note: Attach additional sheets if necessary***

PARTNERSHIPS ONLY

| List all partners and describe ownership of each: | | | | |
|---|-----------------------|-----------------|------------------|-----|
| Name | Percent Owned | Amount Invested | Ethnic Code | Sex |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Identify all partners active in the management of the firm: | | | | |
| Name | Position | Salary | Responsibilities | |
| | | | | |
| | | | | |
| | | | | |
| Identify all partners not active in management of the firm: | | | | |
| Name | Currently Employed By | Position | | |
| | | | | |
| | | | | |
| | | | | |

FOR SOLE PROPRIETORSHIPS ONLY

| | |
|--|---------------------------|
| Date sole proprietorship established: | Names of previous owners: |
| If title sold or gifted to present owner, date title transferred to current owner: | |

Note: Failure To Disclose All Information Concerning The Control And Ownership Of The Firm May Lead To Denial Of The Request For Certification Due To Non-Cooperation.

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8

CERTIFICATION AFFIDAVIT

State of _____)
) ss.
County of _____)

We, the undersigned officers of the afore-mentioned firm agree to the following conditions:

To abide by all of the rules and regulations governing the certification process hereafter.

To notify the department within thirty days of any change in the ownership, control, management or status as an on-going concern. (Note: If, after filing this annual update, and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must notify the Missouri Highway and Transportation Department in writing within thirty days after the change. Failure to comply with this requirement may lead to a loss of certification.)

That the department has the right to conduct an on-site review of the firm's operations, as well as, audit and examine the company's books and review contracts, company structure, facilities and to request whatever additional information it deems necessary from time to time, in order to monitor the status of the company, if the firm is certified by the department as a bona-fide disadvantaged owned and controlled company.

Furthermore, the undersigned, swear under oath, the foregoing statements and application contents are true and complete, and include all material and information necessary to identify the firm as a Disadvantage Business Enterprise with the Missouri Department of Transportation, as well as identifying all current owners, directors, officers, or members of the firm.

That the department may automatically deny or rescind certification after applying its own procedures and may automatically deny or rescind certification if, during or after the certification process, it finds that the undersigned have submitted false, inaccurate, or misleading information.

Any material omission or misrepresentation will be grounds for terminating the eligibility of this firm as a certified or qualified DBE, as well as any contract which may have been awarded under those programs, and for initiating action under Federal and/or Missouri civil and/or criminal laws concerning false affidavits, false statements or declarations, perjury, fraud, stealing by deceit, or other applicable offenses. (Making a false affidavit is a misdemeanor. See Section 575.050, RsMo 1986.)

| | | | |
|--------------|--|--------------|--|
| *Signature | | *Signature | |
| Printed name | | Printed name | |
| Title | | Title | |
| Date | | Date | |

***Must be signed by the individual or individuals asserting disadvantaged status.**

NOTARY PUBLIC

On this _____ day of _____, 2____, before me appeared _____
and _____ who, being duly sworn, did execute the fore-
going affidavit, and did state they were properly authorized by the above-named DBE firm to execute this affidavit, and that they
did so as their free act and deed.

Signed, _____, Notary Public.

My Commission expires:

DOCUMENT REQUEST CHECKLIST

(Attach documents)

ALL FIRMS

1. Personal Net Worth Statement, including all supporting documentation.
2. Notarized Affidavit of Social Disadvantage.
3. Copies of Federal Income Tax reports submitted for the last three years for your business.
4. Copies of Personal Federal Income Tax reports submitted for the last year.
5. Bank Authorization Resolutions and signature cards for all accounts.
6. Proof of legal permanent residence status and ethnicity (Driver's License).
7. Relevant business or professional licenses.
8. Documentation of initial investment of each owner for his or her portion/share of the firm (e.g. both sides of canceled checks).
9. Registration of fictitious name with Missouri Secretary of State.
10. Registration and authorization from Missouri Board of Architects, Professional Engineers, and Land Surveyors (APELS) in order to offer these professional services in Missouri.
11. End of Year Balance Sheets and Income Statements for past three years, or life of firm if less than three years.
12. Schedule of salaries paid to all officers, managers, and directors (W-2 Forms).
13. Signed Loan and Security Agreements.
14. Proof of ownership or lease agreement for real estate where business is located.
15. Signed leases for office/storage space.
16. List of equipment owned, including proof of purchase.
17. List of equipment leased, including signed lease agreements.
18. List of automotive equipment owned, titles and proof of purchase.
19. Work experience resumes that include places of ownership, employment and corresponding dates for all principals. (Required for all owners, Board of Director members, and officers).
20. Letters of DBE/MBE/WBE or SBA 8 (a) certifications, denials, and decertifications.
21. Letter of DBE/MBE/WBE certification from firm's home state Department of Transportation or UCP.
22. Seal and signature of Notary Public.

IN ADDITION - FOR CORPORATIONS ONLY

1. Official Articles of Incorporation (signed by state official).
2. Minutes of all Stockholders and Board of Directors meetings.
3. Corporate Stock Certificates (front and back).
4. Corporate Bylaws and any amendments.

IN ADDITION - FOR PARTNERSHIPS ONLY

1. Original and any amended Partnership Agreements.